

**[ORIGINAL]**

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF INDIANA  
INDIANAPOLIS DIVISION

FILED  
U.S. DISTRICT COURT  
INDIANAPOLIS DIVISION  
2014 JAN 13 PM 3:44  
SOUTHERN DISTRICT  
OF INDIANA  
LAURA A. WHITE  
CLERK

Ricky D. Johnson

Plaintiff(s),

v.

1. CORIZON MEDICAL SERVICES INC.
2. BRUCE LEMMON, COMMISSIONER, I.D.O.C.
3. MARY BLOOMQUIST, RN
4. WILLIAM WOLFE, MD
5. ROBERT EICHELBERGER, MD
6. GREGORY D. HAYNES MD
7. NAVEEN RAJOLI, MD.
8. BENJAMIN R. LOVERIDGE, MD

IN EACH DEFENDANTS  
INDIVIDUAL AND OFFICIAL CAPACITIES

**PRISONER COMPLAINT**

42 U.S.C. 1983

A. PLAINTIFF

1. Ricky D. Johnson, D.O.C# 922973

2. I am held at the Miami Correctional Facility

3. The address is 3038 w 850 South, Bunker Hill, In 46914-9810

4. Did the things you are suing about happen in the place listed above

☐ Yes, it happened in the same facility I am being held at today.

☒ No, it happened at PENDLETON CORRECTIONAL FACILITY

5. Did the things that you are suing about, happen:

☐ Before you were confined, or

☐ When you were confined awaiting trial, or

☒ After conviction while confined serving a sentence.

B. Defendant(s) how many defendants are you suing: (7) SEVEN

Defendants Name/ Job Title/ Government Agency Work Address

1. CORIZON MEDICAL SERVICES INC. 105 WEST PARK DRIVE
2. \_\_\_\_\_
3. SEE ATTACHED PAGE(2) TWO
4. \_\_\_\_\_

(If more space is needed, use additional page)

## II GRIEVANCE PROCEDURE

- A. Is there a prisoner grievance system that would allow you to file a grievance about the things you are suing about?

☒ Yes

☐ No

- B. If yes, did you file a grievance about the things you are suing about?

☒ Yes

☐ No

If No, explain why.

\_\_\_\_\_  
\_\_\_\_\_

## III CAUSE OF ACTION WITH SUPPORTING FACT

Write why you are suing each defendant. Write whom, what, where, and how you believe your rights were violated. It is very important that you use each defendant's name in describing what happened to you. If you do not write what each defendant did, the Court will not know why you are suing and the defendant will be dismissed.

Explain what constitutional or federal law, right, privileges or immunity each defendant violated. Do not cite or quote case law and/or statutes. If you want to make legal arguments or citations, you must file a separate memorandum of law. Do not attach it to this complaint.

DEFENDANTS NAME / JOB TITLE / GOVERNMENT AGENCY  
AND WORK ADDRESS

1. CORIZON MEDICAL SERVICES INC - <sup>I.D.O.C.</sup> MEDICAL INSURER  
105 WEST PARK DRIVE SUITE 200  
BRENTWOOD, TN 37027
2. BRUCE LEMMON - COMMISSIONER  
INDIANA DEPARTMENT OF CORRECTIONS  
INDIANA GOVERNMENT CENTER SOUTH  
302 W. WASHINGTON ST.  
INDIANAPOLIS, IN 46204-2770
3. MARY BLOOMQUIST, RN  
% I.D.O.C.  
PENDLETON CORRECTIONAL FACILITY  
4490 W. REFORMATORY RD  
PENDLETON, IN 46064
4. WILLIAM H. WOLFE, M.D.  
% I.D.O.C.  
PENDLETON CORRECTIONAL FACILITY  
4490 W. REFORMATORY RD.  
PENDLETON, IN 46064
5. ROBERT EICHELBERGER, M.D.  
IMAGE SOUTH  
HILLSIDE MEDICAL PLAZA  
224 1ST STREET NORTH SUITE 150  
ALABASTER, AL 35007-9081

6. GREGORY D. HAYNES, M.D.

% I.D.O.C.

WABASH VALLEY CORRECTIONAL FACILITY

P.O. Box 1111

CARLISLE, IN 47838-1111

7. NAVEEN RAJOLI, M.D.

% I.D.O.C.

WABASH VALLEY CORRECTIONAL FACILITY

P.O. Box 1111

CARLISLE, IN 47838-1111

8. BENJAMIN R. LOVERIDGE, M.D.

% I.D.O.C.

MIAMI CORRECTIONAL FACILITY

3038 WEST 850 SOUTH

BUNKER HILL, IN 46914-9810

Write a new paragraph for each violation. Name each defendant involved in that violation. Number your Paragraphs. Use additional pages if necessary.

1) ALL DEFENDANTS FALL UNDER MY CLAIMS OF NEGLIGENCE, DELIBERATE INDIFFERENCE, IGNORING OBVIOUS CONDITIONS, FAILING TO THOROUGHLY INVESTIGATE SYMPTOMS, DELAYING TREATMENT AND FAILURE TO PROVIDE POST SURGERY PAIN MEDICATION AND PHYSICAL THERAPY. ALL MEDICAL STAFF ARE EMPLOYED BY THE CORIZON MEDICAL SERVICES INC, AND CORIZON IS UNDER CONTRACT BY THE INDIANA DEPARTMENT OF CORRECTIONS (COMMISSIONER-BRUCE LEMMONS).

AT THE PENDETTON CORRECTIONAL FACILITY MY JOB WAS A UTILITY WORKER IN J CELL HOUSE. ON 8/3/12, AFTER LIFTING PROPERTY CARTS AND ICE BARRELS ALL DAY, I FELT A SHARP PAIN IN MY LOWER BACK AND IN MY LEFT HIP JOINT. I WAS IN SO MUCH PAIN AS OF 8/5/12, THAT I FILLED OUT AND SUBMITTED A HEALTH CARE REQUEST FORM STATING I COULDN'T WALK OR STAND WITHOUT LIMPING AND IN EXTREME PAIN, REQUEST TO GET X-RAYED. ON 8/7/12, I GET CALLED TO THE INFIRMARY TO SEE NURSE MARY BLOOMQUIST, R.N. SHE DOES AN INITIAL EXAM WITH HER COMMENTS TO BE SENT TO THE DOCTOR. THEY WERE, "MUCH GRIMACING WHEN WALKING (WHEN HE THINKS BEING OBSERVED) BUT, WASN'T THAT WAY WHEN HE CAME TO MEDICAL DEPT." NURSE BLOOMQUIST'S COMMENTS SET THE TONE FOR HOW I WAS TO BE SEEN AND TREATED BY OTHER MEDICAL STAFF. HER COMMENTS LED OTHERS TO BELIEVE I WAS FAKING MY INJURY.

ON 8/8/12, I SEE DOCTOR WILLIAM H. WOLFE, MD. HE REFERS TO THE NURSES COMMENTS, PERFORMS HIS EXAMINATION AND THEN STATES, "PATIENT SHOWS OVER EXAGGERATION OF PAIN", ORDERS X-RAYS AND THE ANTI INFLAMMATORY NAPROSYN. X-RAYS TAKEN ON 8/9/12, SENT TO CAHABA IMAGING TO BE ANALYZED BY A CORIZON MEDICALLY CERTIFIED / REGISTERED RADIOLOGIST, ROBERT EICHELBERGER, MD. SENT BACK ON 8/13/12, STATING "NO FRACTURE OR SIGNIFICANT DEGENERATIVE CHANGE." SENT BACK TO MY CELL, TOLD NOTHING WRONG WITH ME. I FILLED OUT HEALTH CARE AFTER HEALTH CARE WITH MY SAME COMPLAINTS. I SAW DOCTOR WOLFE AND (2) TWO DIFFERENT LPN'S AT LEAST (7) SEVEN TIMES AFTER MY ORIGINAL COMPLAINT ON 8/5/12. EACH VISIT WAS A GUESS OF A DIFFERENT POSSIBLE DIAGNOSIS, A STRAINED MUSCLE IN MY HIP / THIGH, TORN LIGAMENT / TENDON, TORN QUADRICEP MUSCLE, THEN (3) THREE MONTHS LATER ON 11/9/12, DOCTOR WOLFE NOW DECIDES NERVE DAMAGE IN MY LUMBAR SPINAL REGION, WHICH HE SAYS COULD AFFECT MY HIP JOINT. HE ORDERS AN MRI AT ST. JOHNS HOSPITAL IN ANDERSON, INDIANA. HAD MRI ON 11/23/12. ON 11/30/12, RESULTS OF MRI SHOW RIGHT SIDED ABNORMALITY, MY SYMPTOMS ARE IN THE LEFT HIP / THIGH WITH ATROPHY. DOCTOR WOLFE AT A LOSS, NOW REQUESTS AN NEUROLOGY EVALUATION. ON 1/2/13, TRANSPORTED TO TERRE HAUTE REGIONAL HOSPITAL FOR A CONSULTATION ABOUT POSSIBLE LOWER BACK SURGERY. WHEN I GET THERE, THERE IS NO NEUROLOGIST. A DOCTOR COMES IN THE EXAM ROOM AND STARTS ASKING ABOUT MY INJURY. HE IS AN ORTHO PEDIC SURGEON. I DESCRIBE ALL MY SYMPTOMS AND TELLS A NURSE TO GET HIM X-RAYS OF



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MY HIP ROTTEN AWAY. SHE DOES, AND HE CRIES BACK IN AND TELLS ME, "YOU HAVE A BROKEN HIP". I WAS SHOCKED BECAUSE HE TELLS ME THIS AFTER (1) ONE X-RAY AND FOR THE PAST (3) FIVE MONTHS I'VE BEEN TOLD NO BROKEN HIP, BUT EVERY THING ELSE. HE SAID IF IT WAS UP TO HIM HE WOULD PERFORM SURGERY RIGHT THEN, BUT THE DEPARTMENT OF CORRECTIONS HAD TO BE INFORMED AND MEDICAL AT PENDLETON CORRECTIONAL FACILITY HAD TO GET APPROVAL FROM CORIZON MEDICAL SERVICES INC. SENT BACK TO P.C.F. WITH HIS DIAGNOSIS AND MEDICAL INSTRUCTIONS. RECEIVED MY VERY FIRST PAIN PILL THAT NIGHT. FOR OVER (6) SIX MONTHS I HAD LAID IN MY CELL AND SUFFERED WITH PAIN BECAUSE OF INCOMPETENT DIAGNOSISES AND TREATMENT, BEGINING FROM MY INITIAL NURSES VISIT, X-RAY ANALYSIS, AND CONTINUED MIS-DIAGNOSISES. APPROVED FOR SURGERY ON 1/3/13. THE ORTHO-SURGEON, DOCTOR KURT MADSEN, INFORMED ME THE SURGERY WOULD BE TO RE-BREAK THE BONE IN MY HIP, A BONE GRAFT WITH PINS AND SCREWS TO REPAIR MY HIP FRACTURE. IF MEDICAL STAFF AT P.C.F. HAD TAKEN THE TIME AND CORRECTLY DISCOVERED MY INJURY AND DIAGNOSED IT IN A COMPETENT AND TIMELY MANNER, I WOULD NOT HAVE BEEN IN PAIN AND SUFFERED SO LONG. A DIFFERENT TREATMENT, SUCH AS TRACTION, MAY HAVE BEEN ADEQUATE INSTEAD OF MAJOR SURGERY. I AM CLAIMING, NEGLIGENCE, DELIBERATE INDIFFERENCE, IGNORING OBVIOUS CONDITIONS, FAILING TO THOURGHLY INVESTIGATE MY SYMPTOMS, DELAYING TREATMENT, AND CONTINUED PAIN AND SUFFERING, POST SURGERY. ON 1/2/13, WHEN PROPERLY DIAGNOSED BY THE ORTHO-SURGEON, DR. KURT MADSEN, HE INFORMED

ME IT WOULD BE ANOTHER MONTH BEFORE SURGERY AND AT LEAST A (6) SIX WEEK BED REST AND PHYSICAL THERAPY RECOVERY TIME, SO THAT WAS AT LEAST (7 1/2) SEVEN AND A HALF MONTHS OF UNNECESSARY PAIN AND SUFFERING DUE TO MEDICAL STAFF FAILINGS AT P.C.F. I WAS TRANSPORTED FOR SURGERY AT TERRE HAUTE REGIONAL HOSPITAL ON 2/20/13 ALMOST (7) SEVEN MONTHS AFTER BREAKING MY HIP ON MY INSTITUTIONAL JOB. TRANSPORTED AND TRANSFERRED TO THE WABASH VALLEY CORRECTIONAL FACILITY ON 2/23/13 BECAUSE OF CLOSENESS TO HOSPITAL FOR FOLLOW UP DOCTOR APPOINTMENTS. PLACED IN FACILITY INFIRMARY FOR ONLY (7) SEVEN DAYS. ORTH-SURGEON STATED AT LEAST (6) SIX WEEK RECOVERY TIME, POST SURGERY. I HAD (23) TWENTY THREE STAPLES IN (3) THREE DIFFERENT INCISION AREAS REMOVED ON THE (7)TH SEVENTH DAY AND DISCHARGED OUT TO POPULATION IN WINTER TIME, WITH BLOODY DISCHARGE FROM SURGICAL AREAS, NO MEDICAL INSTRUCTIONS, NO PHYSICAL THERAPY, NO PAIN MEDICATION, JUST A WALKER. GO, DO THE BEST YOU CAN! I HAVE NEVER HAD PHYSICAL THERAPY TO THIS DAY, AND NEVER HAD ANY POST SURGERY PAIN MEDICATION, WHICH WAS GREATLY NEEDED. I WAS CALLED TO MEDICAL AT W.U.C.F. FOR THE FIRST TIME, (5) FIVE MONTHS AFTER SURGERY FOR PHYSICAL THERAPY, IT WAS A BIG RUBBER BAND. I HAD DONE MY OWN TYPE OF THERAPY IN MY CELL DAILY UNTIL I CAN NOW WALK WITH A LIMP, A LOT OF PAIN, AND THE AID OF A CANE, PROBABLY BE THIS WAY THE REST OF MY LIFE, ALL DUE TO THE MISDIAGNOSIS AT P.C.F. BY THEIR MEDICAL STAFF, ALSO THE



X-RAY RADIOLOGIST FOR CORIZON MEDICAL, CONTINUING ON THROUGH MEDICAL STAFF AT W.V.C.F., AND AFTER BEING TRANSFERED TO M.C.F., FAILURE OF DOCTOR BENJAMIN R. LOVERIDGE, UPON MY ARRIVAL AT JULY 26, 2013, TO PROVIDE ANY TYPE OF PHYSICAL THERAPY / POST SURGICAL CARE OR ANY PAIN MANAGEMENT. I HAVE ASKED FOR ALL THESE THINGS SINCE MY SURGERY ON 2/20/13. ALL MEDICAL STAFF WORK FOR CORIZON MEDICAL SERVICES INC. WHO IS UNDER CONTRACT WITH THE INDIANA DEPARTMENT OF CORRECTIONS, STATE OF INDIANA. I HAVE EXHAUSTED MY ADMINISTRATIVE REMEDIES BY D.O.C. PROCEDURES, FILED A TORT CLAIM AND WAS TOLD BY THE INDIANA ATTORNEY GENERAL'S OFFICE TO FILE A COMPLAINT AGAINST THE INSURER, CORIZON MEDICAL SERVICES INC. ITSELF.

### SUMMARY

ALL DEFENDANTS HAVE FAILED THIS PLAINTIFF IN ONE WAY OR ANOTHER. THEY HAVE FAILED THROUGH THEIR NEGLIGENCE, DELIBERATE AND WANTON INDIFFERENCE, IGNORING OBVIOUS CONDITIONS, FAILURE TO THOROUGHLY INVESTIGATE SYMPTOMS, THE DELAYING OF TREATMENT AND FAILURE TO PROVIDE POST SURGERY PAIN MANAGEMENT AND PHYSICAL THERAPY. AS OF THIS FILING PLAINTIFF HAS RECEIVED NO POST SURGERY CARE AND STILL SUFFERS FROM THIS NEGLECT.

## IV PREVIOUS LAWSUITS

Have you ever sued anyone for the same things you wrote in this complaint?  
☒ NO ☐ YES- [Print or type the following information about the case]

Court: \_\_\_\_\_ Docket Number: \_\_\_\_\_  
 Judge: \_\_\_\_\_ Date Closed: \_\_\_\_\_  
 Date Filed: \_\_\_\_\_

## V. RELIEF

Write exactly what you want the court to do for you. This court cannot order that a defendant be fired, investigated, or criminally prosecuted.

I WOULD ASK THIS COURT TO AWARD PLAINTIFF, RICKY D. JOHNSON, COMPENSATORY, NOMINAL AND PUNITIVE DAMAGES FROM EACH DEFENDANT IN THE AMOUNTS OF: (1.) CORIZON MEDICAL SERVICES INC., TWENTY FIVE THOUSAND \$25,000.00 DOLLARS COMPENSATORY AND TWENTY FIVE THOUSAND \$25,000.00 PUNITIVE, (2.) BRUCE LEMMON, COMMISSIONER, I.D.O.C., FIFTEEN THOUSAND \$15,000.00 DOLLARS COMPENSATORY AND FIFTEEN \$15,000.00 THOUSAND DOLLARS PUNITIVE, (3.) MARY BLOOMQUIST R.N., (4.) WILLIAM WOLFE M.D. (5.) ROBERT EICHELBERGER, M.D. (6.) GREGORY D. HAYNES, M.D. (7.) NAVEEN RAJOLI, M.D. (8.) BENJAMIN R. LOVERIDGE, M.D., - TEN THOUSAND \$10,000.00 DOLLARS AND FIFTEEN THOUSAND \$15,000.00 DOLLARS PUNITIVE EACH.

JURY DEMAND

Pursuant to Fed. Civil Procedures Rule 38(b), Plaintiff hereby demands a trial by jury of all triable issues in this case.

Ricky D. Johnson  
 Petitioner pro se  
 DOC # 922973 LOC: L-409  
 Miami Correctional Facility  
 3038 W. 850 South  
 Bunker Hill, IN 46914-9810

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## VI. VERIFICATION AND SIGNATURE

### Initial each Statement and Sign at the Bottom

☒ I have included two properly completed summons forms ( available from the clerk) for each defendant I am suing, including full name, job title and work address.

☒ I have included one properly completed process receipt and return form (USM-285) (available from the United States Marshal) for each defendant I am suing.

☒ In addition to this complaint with an original signature, I have included one copy of this complaint for each defendant and one extra for the Court.

☒ I have included full payment of the filing fee or attached a properly completed prison petition to proceed in forma pauperis ( available from the clerk) with a copy of my prison trust fund account statement for the six months proceeding the filing of this case.

☒ I agree to promptly notify the clerk of any change in address.

☒ I have read all the statement in this complaint.

☒ I declare under penalties for perjury that the foregoing is true and correct.

Signed this 9<sup>TH</sup> day of JANUARY 2014

Ricky D. Johnson

Petitioner *pro se*

DOC # 922973 LOC. L-409

Miami Correctional Facility

3038 W. 850 South

Bunker Hill, IN 46914

SOUTHERN DISTRICT FEDERAL COURTS  
OF INDIANA

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FOR THE EVANSVILLE DIVISION:

OFFICE OF THE CLERK  
UNITED STATES DISTRICT COURT  
101 NW MARTIN LUTHER KING JR. BLVD.  
EVANSVILLE, IND. 47708

FOR THE INDIANAPOLIS DIVISION

OFFICE OF THE CLERK  
UNITED STATES DISTRICT COURT  
46 E. OHIO STREET, ROOM 105  
INDIANAPOLIS, IND. 46204

FOR THE NEW ALBANY DIVISION

OFFICE OF THE CLERK  
UNITED STATES DISTRICT COURT  
121 W. SPRING STREET, ROOM 210  
NEW ALBANY, IND. 47150

FOR THE TERRE HAUTE DIVISION

OFFICE OF THE CLERK  
UNITED STATES DISTRICT COURT  
921 OHIO STREET, ROOM 104  
TERRE HAUTE, IND. 47807